Accepted for filing by CB 18132E

Mississippi Secretary of State

ADMINISTRATIVE PROCEDURES		h Street P. O. Box 136, Jackson, MS 3920	5-0136	
AGENCY NAME Mississippi Department of Revenue		CONTACT PERSON Stephanie Rogers	TELEPHONE NUMBER 601-923-7190	
ADDRESS Post Office Box 1033		CITY Jackson	STATE MS	ZIP 39215
EMAIL stephanie.rogers@dor.ms.gov	SUBMIT DATE 10/18/11	E Title 35, Part III		
version of the Mississippi Department changes have been made to the rules	of Rever	and reason(s) for proposing rule/amendmenue's rules in accordance with Administrated the herewith. By Sation of rule: Miss. Code Ann. § 27-3-31	tive Procedures Act Rule	
List all rules repealed, amended, or su	spended	by the proposed rule: None		
ORAL PROCEEDING:	ļ.,			
An oral proceeding is scheduled fo	or this rule on Date: Place:			
Presently, an oral proceeding is no	tschedu	led on this rule.		
ten (10) or more persons. The written request a notice of proposed rule adoption and should incagent or attorney, the name, address, email address.	should be s clude the na dress, and t	nust be held if a written request for an oral proceed ubmitted to the agency contact person at the above ame, address, email address, and telephone number elephone number of the party or parties you repres s, data, and views on the proposed rule/amendment	address within twenty (20) d r of the person(s) making the ent. At any time within the to	ays after the filing of this request; and, if you are an wenty-five (25) day public
ECONOMIC IMPACT STATEMENT:		2		
Economic impact statement not re	quired fo	or this rule.	conomic impact stateme	ent attached.
TEMPORARY RULES Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing Other (specify):		PROPOSED ACTION ON RULES action proposed: New rule(s) Amendment to existing rule(s) Repeal of existing rule(s) Adoption by reference roposed final effective date: 30 days after filing Other (specify):	FINAL ACTION ON RULES Date Proposed Rule Filed: 5/13/11 Action taken: X	
Printed name and Title of person a Signature of person authorized to		~ V D	gers, Senior Tax Analy	
OFFICIAL FILING STAMP		DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILE	1 8 2011 ISSUPPL
			SECRETAR	Y OF STATE

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

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